

<p>Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address</p> <p>ROLAND H. KEDIKIAN, ESQ. (193164) LAW OFFICES OF ROLAND H. KEDIKIAN 220 S. Kenwood St. Ste 310 Glendale CA 91205 Telephone: (818)409-8911 Fax: (818)671-3207 Email: roland@kedikian.com</p> <p><input type="checkbox"/> Individual appearing without attorney <input checked="" type="checkbox"/> Attorney for: Rafik Bazikian & Anjel Termadovian</p>	<p>FOR COURT USE ONLY</p>
<p align="center">UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES DIVISION</p>	
<p>In re:</p> <p>In Re:</p> <p>Rafik Bazikian & Anjel Termadovian</p> <p>Debtors.</p> <p>Sevan Gorginian</p> <p>Plaintiff</p> <p>v.</p> <p>Rafik Bazikian & Anjel Termadovian</p> <p>Defendant</p> <p align="right">Debtor(s).</p>	<p>CASE NO.: AP No.: 2:22-ap-01032-BB</p> <p>CHAPTER: 7</p> <p>NOTICE OF MOTION FOR:</p> <p>MOTION UNDER FEDERAL RULES OF CIVIL PROCEDURE RULE 12(b)(6) FAILURE TO STATE A CLAIM UPON WHICH RELIEF CAN BE GRANTED TO PLAINTIFFS 1st AMENDED COMPLAINT; MEMORANDUM OF POINTS AND AUTHORITY</p> <p>(Specify name of Motion)</p> <p>DATE: 05/31/2022 TIME: 2:00 pm COURTROOM: 1539 PLACE: 255 East Temple Street, Los Angeles, CA 90012, Courtroom 1539, 15th Floor. See Zoom Meeting Notice as well.</p>

1. TO (*specify name*): PLAINTIFF Sevan Gorginian
2. NOTICE IS HEREBY GIVEN that on the following date and time and in the indicated courtroom, Movant in the above-captioned matter will move this court for an Order granting the relief sought as set forth in the Motion and accompanying supporting documents served and filed herewith. Said Motion is based upon the grounds set forth in the attached Motion and accompanying documents.
3. **Your rights may be affected.** You should read these papers carefully and discuss them with your attorney, if you have one. (If you do not have an attorney, you may wish to consult one.)

4. **Deadline for Opposition Papers:** This Motion is being heard on regular notice pursuant to LBR 9013-1. If you wish to oppose this Motion, you must file a written response with the court and serve a copy of it upon the Movant or Movant's attorney at the address set forth above no less than fourteen (14) days prior to the above hearing date. If you fail to file a written response to this Motion within such time period, the court may treat such failure as a waiver of your right to oppose the Motion and may grant the requested relief.
5. **Hearing Date Obtained Pursuant to Judge's Self-Calendaring Procedure:** The undersigned hereby verifies that the above hearing date and time were available for this type of Motion according to the judge's self-calendaring procedures.

Date: 05/04/2022

Law Office of Roland Kedikian
Printed name of law firm

/s/roland kedikian
Signature

Roland Kedikian
Printed name of attorney

**United States Bankruptcy Court
Central District of California
Los Angeles
Judge Sheri Bluebond, Presiding
Courtroom 1539 Calendar**

Tuesday, May 31, 2022

Hearing Room 1539

10:00 AM

2:00-00000

Chapter

#0.00 All hearings scheduled for today are now simultaneously 1) In person in Courtroom 1539; 2) Via ZoomGov Video; 3) Via ZoomGov Audio. Parties are free to choose any of these options, unless otherwise ordered by the Court. Parties electing to appear in person shall comply with all requirements regarding social distancing, use of face masks, etc. which will be in effect at the time of the hearing and should be aware that (1) all parties will be required to wear a mask at all times, even when presenting oral argument and (2) Judge Bluebond will not be wearing a mask.

Parties in interest and members of the public may connect to the video and audio feeds, free of charge, using the connection information provided below.

Individuals may participate by ZoomGov video and audio using a personal computer (equipped with camera, microphone and speaker), or a handheld mobile device (such as an iPhone or Android phone). Individuals may opt to participate by audio only using a telephone (standard telephone charges may apply).

Neither a Zoom nor a ZoomGov account is necessary to participate and no pre-registration is required **but you must still notify Chambers at SBluebond@cacb.uscourts.gov of your appearance.** The audio portion of each hearing will be recorded electronically by the Court and constitutes its official record.

For more information on appearing before Judge Bluebond by ZoomGov, please see the information on the Court's website at:

<https://www.cacb.uscourts.gov/judges/honorable-sheri-bluebond> under the tab, "Telephonic Instructions."

Hearing conducted by ZOOMGov.

Video/audio web address: <https://cacb.zoomgov.com/j/16161090855>

ZoomGov meeting number: 161 6109 0855

Password: 148508

Telephone conference lines: 1 (669) 254 5252 or 1 (646) 828 7666
(when prompted, enter meeting number and password shown above)

**United States Bankruptcy Court
Central District of California
Los Angeles
Judge Sheri Bluebond, Presiding
Courtroom 1539 Calendar**

Tuesday, May 31, 2022

Hearing Room 1539

10:00 AM

CONT...

Chapter

Docket 0

PROOF OF SERVICE OF DOCUMENT

I am over the age of 18 and not a party to this bankruptcy case or adversary proceeding. My business address is:

220 S. Kenwood St Ste 310 Glendale CA 91205

A true and correct copy of the foregoing document entitled: **NOTICE OF MOTION FOR** (*specify name of motion*)
MOTION UNDER FEDERAL RULES OF CIVIL PROCEDURE RULE 12(b)(6) FAILURE TO STATE A
CLAIM UPON WHICH RELIEF CAN BE GRANTED; MEMORANDUM OF POINTS AND AUTHORITY;

will be served or was served **(a)** on the judge in chambers in the form and manner required by LBR 5005-2(d); and **(b)** in the manner stated below:

1. TO BE SERVED BY THE COURT VIA NOTICE OF ELECTRONIC FILING (NEF): Pursuant to controlling General Orders and LBR, the foregoing document will be served by the court via NEF and hyperlink to the document. On (*date*) 05/04/2022, I checked the CM/ECF docket for this bankruptcy case or adversary proceeding and determined that the following persons are on the Electronic Mail Notice List to receive NEF transmission at the email addresses stated below: sevan@gorginianlaw.com ustpreion16.la.ecf@usdoj.gov emwtrustee@lnbyg.com

☐ Service information continued on attached page

2. SERVED BY UNITED STATES MAIL:

On (*date*) 05/04/2022, I served the following persons and/or entities at the last known addresses in this bankruptcy case or adversary proceeding by placing a true and correct copy thereof in a sealed envelope in the United States mail, first class, postage prepaid, and addressed as follows. Listing the judge here constitutes a declaration that mailing to the judge will be completed no later than 24 hours after the document is filed.

Honorable Sheri Bluebond 255 E. Temple Street, Suite 1534 Los Angeles, CA 90012

☐ Service information continued on attached page

3. SERVED BY PERSONAL DELIVERY, OVERNIGHT MAIL, FACSIMILE TRANSMISSION OR EMAIL (*state method for each person or entity served*): Pursuant to F.R.Civ.P. 5 and/or controlling LBR, on (*date*) _____, I served the following persons and/or entities by personal delivery, overnight mail service, or (for those who consented in writing to such service method), by facsimile transmission and/or email as follows. Listing the judge here constitutes a declaration that personal delivery on, or overnight mail to, the judge will be completed no later than 24 hours after the document is filed.

☐ Service information continued on attached page

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

05/04/2022
Date

Roland Kedikian
Printed Name

/s/roland kedikian
Signature

ROLAND H. KEDIKIAN, ESQ. (193164)
LAW OFFICES OF ROLAND H. KEDIKIAN
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Attorney for Debtors
Rafik Bazikian & Anjel Termadovian

UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES DIVISION

In Re:
Rafik Bazikian & Anjel Termadovian
Debtors.
Sevan Gorginian
Plaintiff
v.
Rafik Bazikian & Anjel Termadovian
Defendant

Case # 2:21-bk-18422-BB
Chapter 7

AP No.: 2:22-ap-01032-BB

**NOTICE OF MOTION AND MOTION
UNDER FEDERAL RULES OF CIVIL
PROCEDURE RULE 12(b)(6) FAILURE
TO STATE A CLAIM UPON WHICH
RELIEF CAN BE GRANTED TO
PLAINTIFFS 1st AMENDED
COMPLAINT; MEMORANDUM OF
POINTS AND AUTHORITY;**

DATE: 5/31/2022
TIME: 2:00 PM
COURTROOM: 1539
255 East Temple Street, Los Angeles, CA
90012, Courtroom 1539, 15th Floor.
See Zoom Meeting Notice as well.

TO: PLAINTIFF Sevan Gorginian and all parties and their attorneys:

NOTICE IS HEREBY GIVEN that on the following date and time and in the indicated
courtroom, Defendants, Rafik Bazikian & Anjel Termadovian, in the above captioned matter
will move this court pursuant to Federal Rules of Civil Procedure 12(b)(6) for an order
dismissing this complaint on the following grounds:

1. FRCP 12(b)(6) For filing a claim that is void and unenforceable under 11 USC 526 (c)(1)
against Defendants Rafik Bazikian & Anjel Termadovian.

2. FRCP 12(b)(6) For filing a claim under section 727(a)(4) without having a standing.
3. FRCP 12(b)(6) For filing a claim that fails to state a claim against Defendants Rafik Bazikian & Anjel Termadovian, as Plaintiff pleads unclear cause of action for relief and makes only conclusory allegations without any facts upon which relief can be granted under Section 523(a)(2)(A)
4. FRCP 12(b)(6) For filing a claim that fails to state a claim against Defendants Rafik Bazikian & Anjel Termadovian, as the Plaintiff pleads unclear cause of action for relief and makes only conclusory allegations without any facts upon which relief can be granted under Section 727(a)(4).

This motion is based on this Notice of Motion, the attached Memorandum of Points and Authorities and on all judicially noticeable documents, on all pleadings and papers on file in this action, and on other such matters and arguments as may be presented to this court in connection with this motion.

Deadline for Opposition Papers: This Motion is being heard on regular notice pursuant to LBR 9013-1. If you wish to oppose this Motion, you must file a written response with the court and serve a copy of it upon the Defendant or Defendant's attorney at the address set forth above no less than fourteen (14) days prior to the above hearing date. If you fail to file a written response to this Motion within such time period, the court may treat such failure as a waiver of your right to oppose the Motion and may grant the requested relief.

DATED: 5/4/2022

Respectfully Submitted,



By:ROLAND H. KEDIKIAN, ESQ.
Attorney for Defendants

MEMORANDUM OF POINTS AND AUTHORITY

I.

STATEMENT OF FACTS

1. Plaintiff filed an original adversarial complaint on 1/29/2022 claiming fraud under 11 USC 523(a)(2)(A) and under 727(a)(4)
2. Defendant's filed a Motion under 12(b)(6) for failure to state a claim upon which relief can be granted on 2/16/2022 on the fraud claims of Plaintiff.
3. Defendant also raised violation of 11 USC 526 – 528 by plaintiff for failure to execute a written contract with an assisted person.
4. Defendant's Motion under 12(b)(6) was heard on 3/15/2022.
5. This Court entered an order Granting Defendants' 12(b)(6) Motion with regards to Plaintiff's claim under 11 USC 523 and Plaintiff's claims under 11 USC 727(a)(4) and granted leave to Plaintiff to Amend.
6. This Court declined to decide at that time whether a violation under 11 USC 526 through 528 had occurred stating the Court was not ready to decide.
7. Plaintiff filed his 1st Amended Complaint on 4/15/2022
8. Plaintiff in his 1st Amended Complaint again acknowledges that he is a debt relief agency providing bankruptcy services to individuals.
9. Plaintiff in his 1st Amended Complaint again acknowledges that Debtors sought bankruptcy advise from Plaintiff.
10. Plaintiff in his 1st Amended Complaint again acknowledges that Debtor never signed a retainer agreement.

- 1 **11.** Plaintiff in his 1st Amended Complaint states, taken in light most favorable to him
2 without weighing the truthfulness of his statements, the existence of an oral contact under
3 the theory of Quantum Meritum.
- 4 **12.** Plaintiff in his 1st Amended Complaint states, taken in light most favorable to him
5 without weighing the truthfulness of his statements, that at best there was a breach of said
6 oral agreement under the theory of Quantum Meritum.
- 7 **13.** Plaintiff presents no facts as to any fraud committed by Defendant.
- 8 **14.** Defendants Ultimate failure to retain his services does not constitute fraud.
- 9 **15.** Defendants in fact did wish to file bankruptcy and did in fact file bankruptcy with the
10 assistance of another counsel.
- 11 **16.** Plaintiff in his 1st Amended Complaint states he was taken advantage of by Defendants
12 “like so many before them”
- 13 **17.** Plaintiff in his 1st Amended , believes requiring him to comply with 11 USC 526 – 528 is
14 a cheap and far fetches excuse from their counsel to record to fend of having to pay for
15 their debts.
- 16 **18.** Plaintiff claims that Debtors did not have the funds to pay him and therefore intended to
17 defraud him, when in fact Defendant paid current counsel to file the bankruptcy. (Petition
18 Exhibit A)
- 19 **19.** Plaintiff was listed as a creditor on the petition of the debtors and the claim was marked
20 as disputed. (Petition Exhibit A)
- 21 **20.** Defendants filed the Bankruptcy Petition and indicated that their debts are consumer
22 debts. (Petition Exhibit A)
- 23
24
25
26
27
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21. Copy of the petition is attached as Exhibit A and all reference in this motion to schedules of the debtor is related to Exhibit A.

II.

ARGUEMENTS

Plaintiff's Alledged Contract For Bankruptcy Services Is Void And Unenforceable Under 11 USC 526(C)(1) For Failure To Execute A Written Contract With An Assisted Person Under 11 USC 528 (A)(1) .

11 USC 526(c)(1) clearly states:

Any contract for bankruptcy assistance between **a debt relief agency** and an **assisted person** that does not comply with the material requirements of this section, section 527, or section 528 **shall be void and may not be enforced** by any Federal or State court or by any other person, other than such assisted person.

Section 528 (a)(1) specifically requires that:

not later than 5 business days after the first date on which such agency provides any bankruptcy assistance services to an assisted person, but prior to such assisted person's petition under this title being filed, **execute a written contract with such assisted person** that explains clearly and conspicuously—

- (A) the services such agency will provide to such assisted person; and
- (B) the fees or charges for such services, and the terms of payment;

Plaintiff pleads that he provides bankruptcy services. Plaintiff acknowledges he is a debt relief agency (1st Amended complaint line 20). Plaintiff claims he provided the disclosures required under the code thereby reaffirming that Debtors are entitled to the protection of 11 USC 526(c)(1). (1st Amended complaint line 20)

Defendants are assisted persons as defined under 11 USC 101 (3).

“The term “assisted person” means any person whose debts consist primarily of consumer debts and the value of whose nonexempt property is less than \$150,000.”

Defendants stated that their debts are consumer debt (Exhibit A), Defendants entire assets, exempt or nonexempt, is less than \$150,000 (Exhibit A).

1 Plaintiff pleads that he meet with the Defendants on September 10, 2021, and on September 19,
2 2021(Page 3 paragraph 2 of the complaint). Plaintiff pleads that Defendants “made Plaintiff be-
3 lieve that he would be compensated for his service” (page 3 Paragraph 3 the complaint). Plaintiff
4 pleads that he relied on the oral representation that he would be compensated. (page 3 line 8 the
5 complaint). Plaintiff states the same in his 1st Amended Complaint. It is clear from the pleadings
6 that there is no written contract as required by 11 USC Section 528 (a)(1).
7

8 Section 11 USC 526 (c)(1) makes it clear that failure to comply with section 528 shall be
9 void and unenforceable. When Plaintiff met Defendant on September 10, Plaintiff should have
10 provided a written contract within 5 days. Plaintiff never provided any written contract for ser-
11 vices. Even if Plaintiff did provide a contract for services, Defendants never executed any writ-
12 ten contract.
13

14 Plaintiff is in violation of 11 USC 526(c)(1) for bringing this action based on an oral con-
15 tract. An oral contract is void and nonenforceable unconditionally. Defendants are entitled by law
16 to the protection afforded to them under 11 USC 526(c)(1) regardless of Plaintiff's assertion that
17 requiring that there be a written contract is a “cheap excuse”.
18

19 Defendant respectfully requests this court address the violation of 11 USC 526(c)(1) even
20 if the court grants Defendant's motion on other grounds. Plaintiff simply does not believe he has
21 to comply with the protections afforded under 11 USC 526 through 528 and considers them
22 “cheap excuses” when raised.
23

24 **Plaintiff Lacks Standing To Bring A Claim Under 11 USC 727(A)(4) Because His Claim Is**
25 **Void.**

26 11 USC 727(c)(1) states that:

27 The trustee, **a creditor**, or the United States trustee may object to the granting of a dis-
28 charge under subsection (a) of this section

1 The term creditor is defined under 11 USC 101 (10)(A) as an:

2 (A)entity that has a **claim** against the debtor that arose at the time of or before the order
3 for relief concerning the debtor;

4 And finally a claim is defined under 11 USC 101 (5) as:

5 (A)**right to payment**, whether or not such right is reduced to judgment, liquidated, unliq-
6 uidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal, equitable, se-
7 cured, or unsecured; or

8 (B)right to an equitable remedy for breach of performance if such breach gives rise to a
9 **right to payment**, whether or not such right to an equitable remedy is reduced to judg-
ment, fixed, contingent, matured, unmatured, disputed, undisputed, secured, or unse-
cured.

10 If the court finds that Plaintiff's claim is void under 11 USC 526(c)(1) for violating sec-
11 tion 528 (a)(1), then the Plaintiff's claim loses its "right to payment" and is therefore no longer a
12 claim as defined under 11 USC 101(5). Accordingly, Plaintiff would no longer be a creditor and
13 can not bring an objection under 727(c)(1) to discharge under 727(a) .

14 It should be noted that Debtor listed Plaintiff in its schedule as a disputed creditor/claim
15 as he is required for notice purposes. Accordingly, Defendant respectfully requests the entire ob-
16 jection to discharge under 727(a) be dismissed for lack of standing.
17

18
19
20 **Plaintiff's First Claim Under 523(A)(2)(A) Lacks Particularity Of Facts And Are Mere**
21 **Conclusory Statements Of An Alleged Oral Agreement Entered With Defendant With Al-**
22 **leged Intent To Defraud**

23 In evaluating a motion to dismiss under rule 12(b)(6) for failure to state a claim, this
24 Court treats well-pleaded facts in the complaint as true. The court does not, however, accept as
25 true "allegations that are merely conclusory, unwarranted deduction of fact, or unreasonable in-
26 ferences." Daniels-Hall v. National Education Association 629 F.3d 992, 998 (9th Cir 2010). A
27 complaint that relies upon "labels and conclusions, and a formulaic recitation of elements of a
28

1 cause of action” does not suffice to state a cause of action. Bell Atlantic Corporation v. Twombly,
2 550 U.S. 554, 555 (2007).

3 Plaintiff here states that he was “lead to believe he would be compensated” during his
4 two meetings with Defendants. Under Rule 9(b) allegation of fraud must state with particularity
5 the circumstances constituting fraud.
6

7 Rule 9(b) of federal civil procedure states:

8 (b)Fraud or Mistake; Conditions of Mind. In alleging fraud or mistake, a party must state
9 with particularity the circumstances constituting fraud or mistake. Malice, intent, knowl-
edge, and other conditions of a person's mind may be alleged generally.

10 In Oregon Public Employees Retirement Fund v. Apollo Group, Inc., No. 12-16624, 2014 WL
11 7139634 (9th Cir. Dec. 16, 2014), the Ninth Circuit held that Rule 9(b) of the Federal Rules of
12 Civil Procedure, which requires that “[i]n alleging fraud or mistake, a party must state with par-
13 ticularity the circumstances constituting fraud or mistake,” applies to *all* elements of a claim un-
14 der Section 10(b), including loss causation.
15

16 Plaintiff does not specify any facts as to the when, where, how, and even by whom, or
17 what words were even uttered, or what agreement the alleged oral agreement was to encompass
18 including fees that Plaintiff was contemplating charging Defendant and the type and scope of
19 services to provide.
20

21 Plaintiff does not allege the loss he incurred and when he incurred them other than to
22 state now that his is owed \$2000 when in his original complaint he states he is owed \$3000.
23

24 Plaintiff only states that he “believes and will prove at trial that neither Arshen nor the
25 Defendants had the money in their bank account to pay for Plaintiff's services in September
26 2021.”
27
28

1 Belief in and of itself is not enough for a claim of fraud. The Court should further take
2 notice that despite the statements made by Plaintiff in his Complain and 1st Amended Complaint,
3 Plaintiff does not even state what agreement was entered and when was payment to be made and
4 when was the bankruptcy to be filed. The fact of the matter is that Defendant did have funds to
5 pay and in fact paid current counsel to file this bankruptcy (exhibit A).
6

7 Due to lack of any particularity, and failing to plead each element of the cause of action,
8 the complaint fails to state a cause of action upon which relief can be granted under 523(a)(2)(A)
9 and Debtor respectfully requests this court dismiss This cause of action.

10 **Plaintiff's Second Claim Under 727(A)(4) Fails To State Facts That Debtor Knowingly And**
11 **Fraudulently Made False Oath Or Account That Were Material And That Debtor Failed To**
12 **Correct.**

13
14 Bankruptcy Code section 727(a)(4)(A) provides that a chapter 7 debtor shall be granted a
15 discharge unless “the debtor knowingly and fraudulently, in or in connection with the case —
16 (A) made a false oath or account.” The oath must relate to a material fact, and the plaintiff must
17 show both that the false oath was made knowingly and that it was made fraudulently.
18 “Knowingly” and “fraudulently” are two separate elements that must not be conflated. In re
19 Retz, 606 F.3d at 1197; Roberts v. Regard (In re Roberts), 331 B.R. 876, 882, 885 (Bankr. 9th
20 Cir. 2005).

21 To demonstrate that the defendant acted knowingly, the plaintiff must show that he made
22 the false oath, “deliberately and consciously.” In re Roberts, supra, at 883-84. To demonstrate
23 that an oath was made fraudulently, the plaintiff must show that, at the time the oath was made,
24 the defendant knew it was false and made the false oath with the intention and purpose of
25 deceiving his creditors. In re Retz, 606 F.3d at 1198-99. “Intent is usually proven by
26 circumstantial evidence or by inferences drawn from the debtor’s conduct.” Id. “Reckless
27 indifference or disregard for the truth may be circumstantial evidence of intent, but is not
28

1 sufficient, alone, to constitute fraudulent intent.” Id. A debtor’s fraudulent intent “may be
2 established by inferences drawn from his or her course of conduct.” In re Wills, 243 B.R. At 64.

3 Plaintiff’s allegation and misstatements in the complaint fail to state facts that Defendants
4 knowingly, deliberately with fraudulent intent to defraud creditors made such statements.
5 Plaintiff’s allegations are nothing more than an attempt to harass this debtor for not paying
6 Plaintiff his void claim prior to filing this bankruptcy. Nonetheless the allegations of errors in the
7 second claim for relief are addressed below and ordered and enumerated same as the 1st

8 Amended complaint:

9 a) Work Comp Claim value

10 Plaintiff fails to state how this was made with intent to defraud. Settling a case that
11 debtor has does not constitute fraud. Just to be clear to this Court. Debtor stated his
12 workers compensation claim on his petition as value “unknown”. Debtor exempted the
13 claim in its entirety as permitted under 704.140(a) and 704.150(a). Debtor was
14 questioned by this creditor during the 341a meeting in the presence of the Chapter 7
15 trustee. No party asked for any more information or valuation. Subsequently after 46
16 days from the 341a meeting Debtor submitted to a medical evaluation on 1/17/2022
17 (Exhibit B). This evaluation was the basis in offering a settlement to Debtor on 2/16/2022
18 (Exhibit B). And out of abundance of caution, Counsel for Debtor provided a copy of
19 both to the ch7 Trustee on 2/22/2022 (Exhibit B).

22 Plaintiff intentionally misleads this Court by not providing the entire Rule 26 document
23 that was disclosed in good faith to resolve his claims including that a notice was sent out
24 to the Chapter 7 trustee which states the timeline. As of the filing of the 1st Amended
25 Complaint, Defendant has not even received the fund, Plaintiff is purely speculating with
26 his conspiracy theories about diverting funds.
27
28

1 The rest of the Allegations stated by Plaintiff in his 1st Amended complaint are the same as stated
2 in his original complaint. This Court had already denied these claims. Nonetheless Plaintiff
3 reiterates them in his 1st Amended complaint.

4 b) Electronics Listed as “None”

5 Plaintiff fails to state how this was made with intent to defraud and how it was material.
6 Defendant listed \$5000 in household items and described as household goods and
7 furnishings. Defendant states in schedule J that he lives with his son.

8
9 c) Jewelry listed as \$1500

10 Plaintiff fails to state how this was made with intent to defraud. Defendant listed \$1500
11 in Jewelry small items.

12
13 d) Tax refund “None”

14 Plaintiff fails to state how this was made with intent to defraud. Defendant worked for
15 the beginning of 2021 as a self employed truck driver sold his truck in July 2021 and was
16 not subsequently employed. He does not believe he will receive a refund and stated
17 None.

18 e) Term Life Insurance \$3517

19 Plaintiff fails to state how this was made with intent to defraud. Defendant listed \$3517
20 in cash surrender value.

21
22 f) Incorrect claim of exemption

23 Plaintiff fails to state how this was made with intent to defraud.

24 g) addresses on Schedule F omitted

25 Plaintiff fails to state how this was made with intent to defraud. Defendant listed the
26 assignees or collection agencies under part 3 of schedule E/F specifically Midland Credit
27 Management for the creditors this Plaintiff questions now in his complaint.
28

1 h) Money owed to their son Arshen not listed.

2 Defendant states in schedule J that he lives with his son and his son provides him support
3 not loans. Plaintiff fails to state facts of fraud.

4 i) Schedule G executory contract Logix Missing for debtors' vehicle.

5 Defendant listed creditor Logix in schedule D because creditor is a secured creditor.
6
7 Plaintiff fails to state facts of fraud.

8 j) Schedule H error alleging wrongfully states in part 2, that Debtor did not live with each other
9 in the same state.

10 Plaintiff fails to state how this alleged error was made with intent to defraud or is
11 material given that Debtors state on their statement of financial affairs that they live at
12 the same address for the last 3 years and state the same address on the petition.

14 k) Schedule I income alleging Debtor's son makes contribution and is omitted from schedule I.

15 Plaintiff fails to state how this alleged error was made with intent to defraud when
16 Debtor states in Schedule J that Debtors live with their son who is providing support to
17 them.
18

19 l) SOF #5 alleging failure to disclose income due to support provided by his son.

20 Plaintiff fails to state how this alleged error was made with intent to defraud when
21 Debtor states in Schedule J that Debtors live with their son who is providing support to
22 them.
23

24 m) SOF #9 failure to name the creditor in the lawsuit.

25 Plaintiff fails to state how this alleged error was made with intent to defraud. Debtor
26 specifically listed all his creditors in Schedule E/F

27 n) SOF #16 counsel fees.
28

1 Plaintiff fails to state how this alleged error was made with intent to defraud. Debtor
2 testified he paid and his son helped him. Defendant states in Schedule J that he lives
3 with his son and his son provides him support.

4 o) SOF #18 fail to disclose the name of the person.

5 Plaintiff fails to state how this alleged error was made with intent to defraud. Plaintiff
6 accurately states the relevant financial transaction and would have corrected if any party
7 inquired.
8

9 p) SOF #27 lacking EIN Number, #4 income of business

10 Debtor operated the business under his social security number, there is no EIN number
11 and debtor stated the income from the business on SOF#4. Again, Plaintiff fails to state
12 facts of fraud.
13

14 q) Claim of incorrect monthly income Form 122A-1.

15 Plaintiff fails to state how this alleged error was made with intent to defraud. Plaintiff
16 accurately stated his income and stated that he lives and received support from his son in
17 his petition.
18

19 Plaintiff's entire claim under 727(a)(4) lacks facts of fraud or that any conduct of Debtor
20 was knowingly with the intent to defraud. The Plaintiff never requested any corrections or any
21 information from Defendants prior to bringing this adversarial proceedings. Plaintiff has made it
22 very clear to counsel that he knows how to deal with clients that don't pay and that these
23 Defendants are not the first ones to try to not pay him.
24

25 Plaintiff is simply on a quest for vengeance to make Defendant suffer and inflict as much
26 pain as possible for refusing to pay for services that they never agreed to nor that they are legally
27 required to pay for. Section 526, 527 and 528 are consumer protection statutes designed to
28

1 protect Debtors. Plaintiff's own failure to comply with 526, 527 and 528 is the impetus of a
2 series of events that ultimately lead to this adversarial proceedings. Defendant believes this
3 entire complaint is frivolous with the intent to harass the Defendants and respectfully requests
4 the court dismiss the entire complaint without further leave to amend .

5 Also Defendant respectfully requests this court address the violation of 11 USC 526(c)(1)
6 even if the court grants Defendant's motion on other grounds. Plaintiff simply does not believe
7 he has to comply with the protections afforded under 11 USC 526 through 528 and considers
8 them "cheap excuses" when raised.
9

10
11 III.

12 CONCLUSION

13 For the above stated reasons, Plaintiff claim is void an unenforceable, Plaintiff also fails
14 to state facts upon which relief can be granted
15

16 WHEREFORE, Defendant counsel seeks an order:

- 17 1. Striking the entire complaint without further leave to amend .
18 2. Determine if Plaintiff claimed oral contract is void under 11 USC 526(c)(1)
19 3. Allow counsel for Defendant opportunity to bring a motion under 11 USC 526(c)(2) for
20 reasonable attorney fees.
21 4. Any other relief this court may feel appropriate.
22

23 Executed on **5/4/2022**, in Glendale, California

24 By:

25 

26 ROLAND H. KEDIKIAN, ESQ.
27 Attorney for Debtors
28

Exhibit A

Fill in this information to identify your case:	
United States Bankruptcy Court for the:	
CENTRAL DISTRICT OF CALIFORNIA, LOS ANGELES DIVISION	
Case number (if known)	Chapter you are filing under:
	<input checked="" type="checkbox"/> Chapter 7
	<input type="checkbox"/> Chapter 11
	<input type="checkbox"/> Chapter 12
	<input type="checkbox"/> Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name		
Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Rafik First name	Anjel First name
	Middle name	Middle name
Bring your picture identification to your meeting with the trustee.	Bazikian Last name and Suffix (Sr., Jr., II, III)	Termadovian Last name and Suffix (Sr., Jr., II, III)
2. All other names you have used in the last 8 years		
Include your married or maiden names.		
3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-4141	xxx-xx-4145

Debtor 1
Debtor 2 **Bazikian, Rafik & Termadovian, Anjel**

Case number (if known) _____

About Debtor 1:

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and doing business as names

☐ I have not used any business name or EINs.

DBA A & R Trucking

Business name(s)

EIN

About Debtor 2 (Spouse Only in a Joint Case):

☒ I have not used any business name or EINs.

Business name(s)

EIN

5. Where you live

**555 W Dryden St
Apt 6
Glendale, CA 91202-3308**

Number, Street, City, State & ZIP Code

Los Angeles

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Debtor 1
Debtor 2 **Bazikian, Rafik & Termadovian, Anjel**

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. **The chapter of the Bankruptcy Code you are choosing to file under** ☒ Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.
- ☒ Chapter 7
- ☐ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13
-
8. **How you will pay the fee** ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
-
9. **Have you filed for bankruptcy within the last 8 years?** ☒ No.
- ☐ Yes.
- | | | |
|----------------|------------|-------------------|
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
-
10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** ☒ No.
- ☐ Yes.
- | | | |
|----------------|---------------------------|-----------------------------|
| Debtor _____ | Relationship to you _____ | |
| District _____ | When _____ | Case number, if known _____ |
| Debtor _____ | Relationship to you _____ | |
| District _____ | When _____ | Case number, if known _____ |
-
11. **Do you rent your residence?** ☐ No. Go to line 12.
- ☒ Yes. Has your landlord obtained an eviction judgment against you?
- ☒ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1
Debtor 2 **Bazikian, Rafik & Termadovian, Anjel**

Case number (if known)

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

☒ No. Go to Part 4.

☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?

If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☒ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.

☐ Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

☒ No.

☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1
Debtor 2 **Bazikian, Rafik & Termadovian, Anjel**

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:
- ☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
 - ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
 - ☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:
- ☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
 - ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
 - ☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1
Debtor 2 **Bazikian, Rafik & Termadovian, Anjel**

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

☐ No. Go to line 16b.

☒ Yes. Go to line 17.

16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

☐ No. Go to line 16c.

☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts

17. Are you filing under Chapter 7?

☐ No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

☐ No

☐ Yes

18. How many Creditors do you estimate that you owe?

☒ 1-49

☐ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5,001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

19. How much do you estimate your assets to be worth?

☒ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

20. How much do you estimate your liabilities to be?

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☒ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Rafik Bazikian
Signature of Debtor 1

Anjel Termadovian
Signature of Debtor 2

Executed on 11/2/21
MM/DD/YYYY

Executed on 11/2/21
MM/DD/YYYY

Debtor 1
Debtor 2 **Bazikian, Rafik & Termadovian, Anjel**

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

Signature of Attorney for Debtor

Date

11/2/21
MM / DD / YYYY

Roland Kedikian

Printed name

Kedikian & Kedikian

Firm name

220 S Kenwood St # 310

Glendale, CA 91205-1671

Number, Street, City, State & ZIP Code

Contact phone **(818) 409-8911**

Email address

roland@kedikian.com

193164

Bar number & State

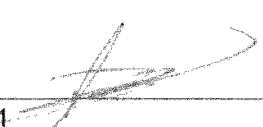
STATEMENT OF RELATED CASES
INFORMATION REQUIRED BY LBR 1015-2
UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA

1. A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, his/her spouse, his or her current or former domestic partner, an affiliate of the debtor, any copartnership or joint venture of which debtor is or formerly was a general or limited partner, or member, or any corporation of which the debtor is a director, officer, or person in control, as follows: (Set forth the complete number and title of each such of prior proceeding, date filed, nature thereof, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)
None
2. (If petitioner is a partnership or joint venture) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor or an affiliate of the debtor, or a general partner in the debtor, a relative of the general partner, general partner of, or person in control of the debtor, partnership in which the debtor is a general partner, general partner of the debtor, or person in control of the debtor as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of the proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)
None
3. (If petitioner is a corporation) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, or any of its affiliates or subsidiaries, a director of the debtor, an officer of the debtor, a person in control of the debtor, a partnership in which the debtor is general partner, a general partner of the debtor, a relative of the general partner, director, officer, or person in control of the debtor, or any persons, firms or corporations owning 20% or more of its voting stock as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)
None
4. (If petitioner is an individual) A petition under the Bankruptcy Reform Act of 1978, including amendments thereof, has been filed by or against the debtor within the last 180 days: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)
None

I declare, under penalty of perjury, that the foregoing is true and correct.

Executed at _____, California.

Dated: 11/2/21

Signature of Debtor 1 



This form is mandatory. It has been approved for use in the United States Bankruptcy Court for the Central District of California.

Statement of Related Cases Information Required by
Local Bankruptcy Rule 1015-2 – Page 2 of 2

F 1015-2.1

In re: Bazikian, Rafik & Termadovian, Anjel Debtor(s).	CASE NUMBER
------------------------------------------------------------------	-------------

Signature of Debtor 2

B201 - Notice of Available Chapters (Rev. 06/14)

USBC, Central District of California

Name: **Kedikian & Kedikian**

Address: **220 S Kenwood St # 310**

Glendale, CA 91205-1671

Telephone: **(818) 409-8911**

Fax: **(818) 671-3207**

☒ Attorney for Debtor

☐ Debtor in Pro Per

**UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA**

List all names including trade names, used by Debtor(s) within last 8 years:
**Bazikian, Rafik; A & R Trucking
Termadovian, Anjel**

Case No.:

**NOTICE OF
AVAILABLE CHAPTERS**

(Notice to Individual Consumer Debtor Under § 342(b) of the Bankruptcy Code)

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.
2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.
3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.
4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.
3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1167 filing fee, \$550 administrative fee: Total fee \$1717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

B201 - Notice of Available Chapters (Rev. 06/14)

USBC, Central District of California

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer
Address:

Social Security number (if the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

X
Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Bazikian, Rafik & Termadovian, Anjel
Printed Name(s) of Debtor(s)

X
Signature of Debtor

11/2/21
Date

Case No. (if known) _____

X
Signature of Joint Debtor (if any)

11/2/21
Date

Fill in this information to identify your case:			
Debtor 1	Rafik Bazikian		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Anjel Termadovian		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	CENTRAL DISTRICT OF CALIFORNIA, LOS ANGELES DIVISION		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

	Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$ 0.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$ 27,207.00
1c. Copy line 63, Total of all property on Schedule A/B.....	\$ 27,207.00

Part 2: Summarize Your Liabilities

	Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 15,863.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 72,551.00
Your total liabilities	\$ 88,414.00

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 0.00
5. Schedule J: Your Expenses (Official Form 106J)	
Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 1,400.00

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

☒ Yes

7. What kind of debt do you have?

☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Debtor 1
Debtor 2

Bazikian, Rafik & Termadovian, Anjel

Case number (if known)

☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box and submit this form to the court with your other schedules.*

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 0.00

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>

9g. **Total.** Add lines 9a through 9f.

\$ 0.00

Fill in this information to identify your case and this filing:

Debtor 1 **Rafik Bazikian**
First Name Middle Name Last Name

Debtor 2 **Anjel Termadovian**
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA, LOS ANGELES DIVISION**

Case number _____

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.
- ☐ Yes. Where is the property?

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
- ☒ Yes

3.1 Make: **Chevrolet**
Model: **Trax**
Year: **2017**
Approximate mileage: **89000**
Other information:

2017 Chevrolet Trax / 89 k miles to surrender

Who has an interest in the property? Check one

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$14,921.00

\$14,921.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
- ☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$14,921.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

Debtor 1
Debtor 2

Bazikian, Rafik & Termadovian, Anjel

Case number (if known)

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe.....

Household Goods and furniture

\$5,000.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☒ No

☐ Yes. Describe.....

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

Clothes

\$400.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.....

Jewelry small items

\$1,500.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☒ No

☐ Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No

☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$6,900.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

Debtor 1
Debtor 2

Bazikian, Rafik & Termadovian, Anjel

Case number (if known)

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes.....

Cash on Hand

\$20.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

17.1. **Checking Account** **Logix FCU checking account**

\$300.00

17.2. **Savings Account** **Logix FCU savings account**

\$100.00

17.3. **Checking Account** **Wells Fargo checking account**

\$30.00

17.4. **Savings Account** **Wells Fargo savings account**

\$0.00

17.5. **Checking Account** **US Bank business checing account**

\$119.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No

☐ Yes. List each account separately.

Type of account:

Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☐ No

☒ Yes.

Institution name or individual:

**Security Deposit on
Rental Unit**

Security Deposit with landlord

\$1,300.00

Debtor 1
Debtor 2

Bazikian, Rafik & Termadovian, Anjel

Case number (if known)

23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes..... Issuer name and description.

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☒ No

☐ Yes. Give specific information about them...

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them...

27. **Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them...

Money or property owed to you?

**Current value of the
portion you own?**

Do not deduct secured
claims or exemptions.

28. **Tax refunds owed to you**

☒ No

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. **Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information.....

30. **Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information..

31. **Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☐ No

☒ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund
value:

Term Life insurance North America

\$3,517.00

32. **Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information..

33. **Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☐ No

☒ Yes. Describe each claim.....

Debtor 1
Debtor 2

Bazikian, Rafik & Termadovian, Anjel

Case number (if known)

Worker`s Compensation claim. DOI 2009. Future Medicals.

unknown

34. **Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

- ☒ No
☐ Yes. Describe each claim.....

35. **Any financial assets you did not already list**

- ☒ No
☐ Yes. Give specific information..

36. **Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

\$5,386.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. **Do you own or have any legal or equitable interest in any business-related property?**

- ☒ No. Go to Part 6.
☐ Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. **Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. **Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

- ☒ No
☐ Yes. Give specific information.....

54. **Add the dollar value of all of your entries from Part 7. Write that number here**

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$0.00
56. Part 2: Total vehicles, line 5	\$14,921.00	
57. Part 3: Total personal and household items, line 15	\$6,900.00	
58. Part 4: Total financial assets, line 36	\$5,386.00	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	+ \$0.00	
62. Total personal property. Add lines 56 through 61...	\$27,207.00	Copy personal property total \$27,207.00
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$27,207.00

Fill in this information to identify your case:			
Debtor 1	Rafik Bazikian		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	CENTRAL DISTRICT OF CALIFORNIA, LOS ANGELES DIVISION		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Debtor 1 Exemptions			
Household Goods and furniture Line from <i>Schedule A/B</i> : 6.1	\$5,000.00	<input checked="" type="checkbox"/> \$5,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CCP § 704.020
Clothes Line from <i>Schedule A/B</i> : 11.1	\$400.00	<input checked="" type="checkbox"/> \$400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CCP § 704.020
Jewelry small items Line from <i>Schedule A/B</i> : 12.1	\$1,500.00	<input checked="" type="checkbox"/> \$1,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CCP § 704.040
Cash on Hand Line from <i>Schedule A/B</i> : 16.1	\$20.00	<input checked="" type="checkbox"/> \$20.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CCP § 704.070
Logix FCU checking account Line from <i>Schedule A/B</i> : 17.1	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CCP § 704.070

Debtor 1
Debtor 2

Bazikian, Rafik & Termadovian, Anjel

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Logix FCU savings account Line from Schedule A/B: 17.2	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CCP § 704.070
Wells Fargo checking account Line from Schedule A/B: 17.3	<u>\$30.00</u>	<input checked="" type="checkbox"/> <u>\$30.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CCP § 704.070
US Bank business checing account Line from Schedule A/B: 17.5	<u>\$119.00</u>	<input checked="" type="checkbox"/> <u>\$119.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CCP § 704.070
Security Deposit with landlord Line from Schedule A/B: 22.1	<u>\$1,300.00</u>	<input checked="" type="checkbox"/> <u>\$1,300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CCP § 704.210
Term Life insurance North America Line from Schedule A/B: 31.1	<u>\$3,517.00</u>	<input checked="" type="checkbox"/> <u>\$3,517.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CCP § 704.100(b)
Worker`s Compensation claim. DOI 2009. Future Medicals. Line from Schedule A/B: 33.1	<u>Unknown</u>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CCP §§ 704.140(a), 704.150(a)

3. **Are you claiming a homestead exemption of more than \$170,350**

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

Debtor 1
Debtor 2

Bazikian, Rafik & Termadovian, Anjel

Case number (if known)

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Anjel Termadovian		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	CENTRAL DISTRICT OF CALIFORNIA, LOS ANGELES DIVISION		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	

Debtor 2 Exemptions

Brief description:

Line from *Schedule A/B*

☐

☐

100% of fair market value, up to any applicable statutory limit

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Fill in this information to identify your case:

Debtor 1	Rafik Bazikian		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Anjel Termadovian		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	CENTRAL DISTRICT OF CALIFORNIA, LOS ANGELES DIVISION		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
2.1	Logix Federal Credit Union <small>Creditor's Name</small> Attn: Bankruptcy PO Box 6759 Burbank, CA 91510-6759 <small>Number, Street, City, State & Zip Code</small>	Describe the property that secures the claim: 2017 Chevrolet Trax 2017 Chevrolet Trax / 89 k miles to surrender As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	\$11,845.00	\$14,921.00	\$0.00
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt					
Date debt was incurred 2019-09		Last 4 digits of account number 0001			

Debtor 1 **Rafik Bazikian** Case number (if known) _____
First Name Middle Name Last Name
Debtor 2 **Anjel Termadovian**
First Name Middle Name Last Name

2.2	Synchrony/Ashley Furniture Homestore Creditor's Name	Describe the property that secures the claim: Household Goods and funiture	\$4,018.00	\$5,000.00	\$0.00
	Attn: Bankruptcy PO Box 965060 Orlando, FL 32896-5060 Number, Street, City, State & Zip Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____			

Who owes the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred **2021-09** Last 4 digits of account number **6959**

Add the dollar value of your entries in Column A on this page. Write that number here:	\$15,863.00
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:	\$15,863.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

[]	Name, Number, Street, City, State & Zip Code Logix Federal Cu PO Box 6759 Burbank, CA 91510-6759	On which line in Part 1 did you enter the creditor? 2.1 Last 4 digits of account number 0001
[]	Name, Number, Street, City, State & Zip Code Synccb/ashley Homestore C/o PO Box 965036 Orlando, FL 32896-5036	On which line in Part 1 did you enter the creditor? 2.2 Last 4 digits of account number 6959

Fill in this information to identify your case:

Debtor 1 Rafik Bazikian
First Name Middle Name Last Name

Debtor 2 Anjel Termadovian
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA, LOS ANGELES
DIVISION

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☒ No. Go to Part 2.

☐ Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	Capital One Nonpriority Creditor's Name Attn: Bankruptcy PO Box 30285 Salt Lake City, UT 84130-0285 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0519</u> When was the debt incurred? <u>2010-01</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>
		\$4,856.00

Debtor 1
Debtor 2

Bazikian, Rafik & Termadovian, Anjel

Case number (if known)

4.2

Capital One

Nonpriority Creditor's Name

Attn: Bankruptcy

PO Box 30285

Salt Lake City, UT 84130-0285

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0096**

\$2,645.00

When was the debt incurred? **2010-01**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Revolving account**

4.3

Capital One NA

Nonpriority Creditor's Name

Attn: Bankruptcy

PO Box 30285

Salt Lake City, UT 84130-0285

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **4047**

\$1,297.00

When was the debt incurred? **2009-12**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Revolving account**

4.4

Citibank N.A.

Nonpriority Creditor's Name

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **3254**

\$9,047.00

When was the debt incurred? **2020-10**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Open account**

Debtor 1
Debtor 2

Bazikian, Rafik & Termadovian, Anjel

Case number (if known)

4.5

Citibank N.A.

Nonpriority Creditor's Name

Last 4 digits of account number **9773**

\$5,527.00

When was the debt incurred? **2020-10**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Open account**

4.6

Citibank N.A.

Nonpriority Creditor's Name

Last 4 digits of account number **0922**

\$4,479.00

When was the debt incurred? **2020-10**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Open account**

4.7

Comenity Bank

Nonpriority Creditor's Name

Last 4 digits of account number **8966**

\$13,372.00

When was the debt incurred? **2020-07**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Open account**

Debtor 1
Debtor 2

Bazikian, Rafik & Termadovian, Anjel

Case number (if known)

4.8

Sevan Gorginian, Esq.

Nonpriority Creditor's Name

Last 4 digits of account number

\$700.00

**450 N Brand Blvd Ste 600
Glendale, CA 91203-2349**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.9

Synchrony Bank

Nonpriority Creditor's Name

**Attn: Bankruptcy Dept
PO Box 965060**

Orlando, FL 32896-5060

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

3086

\$404.00

When was the debt incurred?

2010-03

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Revolving account**

4.10

Wells Fargo Bank NA

Nonpriority Creditor's Name

**1 Home Campus MAC X2303-01A FI
3**

Des Moines, IA 50301

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

1583

\$10,261.00

When was the debt incurred?

2008-03

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Revolving account**

Debtor 1
Debtor 2

Bazikian, Rafik & Termadovian, Anjel

Case number (if known)

4.11

Wells Fargo Bank NA

Nonpriority Creditor's Name

Last 4 digits of account number **5218**

\$8,933.00

When was the debt incurred? **2008-01**

**1 Home Campus MAC X2303-01A FI
3**

Des Moines, IA 50301

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Revolving account**

4.12

Wells Fargo-PI&L

Nonpriority Creditor's Name

MAX F8234F-02F

PO Box 10438

Des Moines, IA 50306-0438

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **5901**

\$11,030.00

When was the debt incurred? **2013-10-07**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **CreditLine account**

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**Absolute Resolutions I
8000 Norman Center Dr
Bloomington, MN 55437-1178**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **3254**

Name and Address

**Capital One Bank USA N
PO Box 31293
Salt Lake City, UT 84131-0293**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.1** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **0519**

Name and Address

**Capital One Bank USA N
PO Box 31293
Salt Lake City, UT 84131-0293**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.2** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **0096**

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 Debtor 2 Bazikian, Rafik & Termadovian, Anjel	Case number (if known) _____
----------------------------------------------------------------------	------------------------------

Capital One, N.A. PO Box 31293 Salt Lake City, UT 84131-0293	Line 4.3 of (Check one): Last 4 digits of account number 4047	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
-----------------------------------------------------------------------------------------	------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name and Address Mandarisch law Group PO Box 109032 Chicago, IL 60610-9032	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.4 of (Check one): Last 4 digits of account number 3254	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
----------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name and Address Mandarisch law Group PO Box 109032 Chicago, IL 60610-9032	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.5 of (Check one): Last 4 digits of account number 9773	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
----------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name and Address Midland Credit Managem 320 E Big Beaver Rd Troy, MI 48083-1238	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.7 of (Check one): Last 4 digits of account number 8966	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
---------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name and Address Midland Credit Managem 320 E Big Beaver Rd Troy, MI 48083-1238	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.5 of (Check one): Last 4 digits of account number 9773	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
---------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name and Address Midland Credit Managem 320 E Big Beaver Rd Troy, MI 48083-1238	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.6 of (Check one): Last 4 digits of account number 0922	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
---------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name and Address QUALL CARDOT LLP 205 E River Park Cir Ste 110 Fresno, CA 93720-1572	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.10 of (Check one): Last 4 digits of account number 1583	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
--------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name and Address Syncb/Chevron DC PO Box 965015 Orlando, FL 32896-5015	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.9 of (Check one): Last 4 digits of account number 3086	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name and Address Wells Fargo Credit Bureau DISPUTE Des Moines, IA 50301	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.10 of (Check one): Last 4 digits of account number 1583	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
-----------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name and Address Wells Fargo Credit Bureau DISPUTE Des Moines, IA 50301	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.11 of (Check one): Last 4 digits of account number 5218	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
-----------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name and Address Wellsfargo PO Box 94435 Albuquerque, NM 87199-4435	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.12 of (Check one): Last 4 digits of account number 5901	<input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
---------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------

Debtor 1
Debtor 2

Bazikian, Rafik & Termadovian, Anjel

Case number (if known)

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a. \$ <u>0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. \$ <u>0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ <u>0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ <u>0.00</u>
	6e. Total Priority. Add lines 6a through 6d.	6e. \$ <u>0.00</u>
Total claims from Part 2	Total Claim	
	6f. Student loans	6f. \$ <u>0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <u>0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ <u>72,551.00</u>
6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$ <u>72,551.00</u>	

Fill in this information to identify your case:			
Debtor 1	Rafik Bazikian		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Anjel Termadovian		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	CENTRAL DISTRICT OF CALIFORNIA, LOS ANGELES DIVISION		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Name Number Street City State ZIP Code	
2.2 Name Number Street City State ZIP Code	
2.3 Name Number Street City State ZIP Code	
2.4 Name Number Street City State ZIP Code	
2.5 Name Number Street City State ZIP Code	

Fill in this information to identify your case:

Debtor 1	Rafik Bazikian		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Anjel Termadovian		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	CENTRAL DISTRICT OF CALIFORNIA, LOS ANGELES DIVISION		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No

☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☐ No. Go to line 3.

☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☒ No

☐ Yes.

In which community state or territory did you live? _____ . Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent
Number, Street, City, State & Zip Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name

Number Street
City State ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3.2

Name

Number Street
City State ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1 Rafik Bazikian

Debtor 2 Anjel Termadovian
(Spouse, if filing)

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA, LOS ANGELES DIVISION

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. **Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

- ☐ Employed
☒ Not employed

Debtor 2 or non-filing spouse

- ☐ Employed
☒ Not employed

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or non-filing spouse

2. **List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 0.00 \$ 0.00

3. **Estimate and list monthly overtime pay.**

3. +\$ 0.00 +\$ 0.00

4. **Calculate gross income.** Add line 2 + line 3.

4. \$ 0.00 \$ 0.00

Debtor 1
Debtor 2 **Bazikian, Rafik & Termadovian, Anjel**

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	\$ 0.00	\$ 0.00	4.
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	\$ 0.00	\$ 0.00	5a.
5b. Mandatory contributions for retirement plans	\$ 0.00	\$ 0.00	5b.
5c. Voluntary contributions for retirement plans	\$ 0.00	\$ 0.00	5c.
5d. Required repayments of retirement fund loans	\$ 0.00	\$ 0.00	5d.
5e. Insurance	\$ 0.00	\$ 0.00	5e.
5f. Domestic support obligations	\$ 0.00	\$ 0.00	5f.
5g. Union dues	\$ 0.00	\$ 0.00	5g.
5h. Other deductions. Specify: _____	\$ 0.00	\$ 0.00	5h.+
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	\$ 0.00	\$ 0.00	6.
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	\$ 0.00	\$ 0.00	7.
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	\$ 0.00	\$ 0.00	8a.
8b. Interest and dividends	\$ 0.00	\$ 0.00	8b.
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	\$ 0.00	\$ 0.00	8c.
8d. Unemployment compensation	\$ 0.00	\$ 0.00	8d.
8e. Social Security	\$ 0.00	\$ 0.00	8e.
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	\$ 0.00	\$ 0.00	8f.
8g. Pension or retirement income	\$ 0.00	\$ 0.00	8g.
8h. Other monthly income. Specify: _____	\$ 0.00	\$ 0.00	8h.+
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	\$ 0.00	\$ 0.00	9.
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	\$ 0.00	\$ 0.00	10.
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		+\$ 0.00	11.
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies		\$ 0.00	12.
Combined monthly income			
13. Do you expect an increase or decrease within the year after you file this form?			
<input type="checkbox"/> No.			
<input checked="" type="checkbox"/> Yes. Explain: Debtor has been unemployed since 6/2021. Wife will be applying for SSI benefits.			

Debtor 1
Debtor 2

Bazikian, Rafik & Termadovian, Anjel

Case number (if known)

6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ <u>0.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>0.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>0.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>450.00</u>
8. Childcare and children's education costs	8. \$ <u>0.00</u>
9. Clothing, laundry, and dry cleaning	9. \$ <u>100.00</u>
10. Personal care products and services	10. \$ <u>0.00</u>
11. Medical and dental expenses	11. \$ <u>0.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>100.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>20.00</u>
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>230.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>50.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>0.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	\$ <u>0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>
21. Other: Specify: <u>Other</u>	21. +\$ <u>50.00</u>
22. Calculate your monthly expenses	
22a. Add lines 4 through 21.	\$ <u>1,400.00</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ _____
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>1,400.00</u>
23. Calculate your monthly net income.	
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ <u>0.00</u>
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>1,400.00</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>-1,400.00</u>

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

Explain here: **Debtors live with their son who is providing support to them.**

Fill in this information to identify your case:			
Debtor 1	Rafik Bazikian		
	First Name	Middle Name	Last Name
Debtor 2	Anjel Termadovian		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	CENTRAL DISTRICT OF CALIFORNIA, LOS ANGELES DIVISION		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X

Rafik Bazikian
Signature of Debtor 1

Date

11/2/21

X

Anjel Termadovian
Signature of Debtor 2

Date

11/2/21

Fill in this information to identify your case:			
Debtor 1	Rafik Bazikian		
	First Name	Middle Name	Last Name
Debtor 2	Anjel Termadovian		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	CENTRAL DISTRICT OF CALIFORNIA, LOS ANGELES DIVISION		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1 lived there

Debtor 2 Prior Address:

Dates Debtor 2 lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- ☐ No
☒ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are married, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply.	Sources of income Check all that apply.
	Gross income (before deductions and exclusions)	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	\$50,000.00	\$0.00

Debtor 1
Debtor 2

Bazikian, Rafik & Termadovian, Anjel

Case number (if known)

	Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2020)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$108,000.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00
For the calendar year before that: (January 1 to December 31, 2019)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$110,000.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No
☐ Yes. Fill in the details.

Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☐ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

- ☐ No. Go to line 7.
☐ Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.
☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
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7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No
☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

Debtor 1
Debtor 2

Bazikian, Rafik & Termadovian, Anjel

Case number (if known)

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?
Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
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Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?
List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
☒ Yes. Fill in the details.

Case title Case number lawsuit	Nature of the case	Court or agency Lawsuit	Status of the case
			<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
☐ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
---------------------------	------------------------------------------------	------	-----------------------

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

Debtor 1
Debtor 2

Bazikian, Rafik & Termadovian, Anjel

Case number (if known)

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No

☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
Charity's Name Address (Number, Street, City, State and ZIP Code)			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No

☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No

☒ Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Kedikian & Kedikian 220 S Kenwood St # 310 Glendale, CA 91205-1671	2000 atty fees + 338 filing fee + 112 classes and credit report		\$2,450.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

☒ No

☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

☐ No

☒ Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
2008 Freight Liner	2008 Freight Liner	\$5000	7/2021

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a

Debtor 1
Debtor 2 **Bazikian, Rafik & Termadovian, Anjel**

Case number (if known)

beneficiary? (These are often called *asset-protection devices*.)

- ☐ No
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---------------------------------------------------	------------------------

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No
☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--------------------------------------------------------------------------------------	---------------------------------	-------------------------------	------------------------------------------------------	-----------------------------------------

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☐ No
☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
----------------------------------------------------------------------------------	-------------------------------------------------------------------------------	-----------------------	-----------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☐ No
☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
-----------------------------------------------------------------------------	--------------------------------------------------------------------------------------	-----------------------	-----------------------

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☐ No
☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
-----------------------------------------------------------------	-------------------------------------------------------------------	-----------------------	-------

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- ☐ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ☐ **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ☐ **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1
Debtor 2

Bazikian, Rafik & Termadovian, Anjel

Case number (if known)

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--------------------------------------------------------------------	-------------------------------------------------------------------------	--------------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--------------------------------------------------------------------	-------------------------------------------------------------------------	--------------------------------------	----------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	-------------------------------------------------------------------------------	--------------------	--------------------

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☐ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation

☐ No. None of the above applies. Go to Part 12.

☒ Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed EIN: From-To
A and R Trucking	Trucking business	2011 - 6/2021

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
☐ Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---------------------------------------------------------------	-------------

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a

Debtor 1

Debtor 2 **Bazikian, Rafik & Termadovian, Anjel**

Case number (if known)

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

Case Title
Case Number

Court or agency
Name
Address (Number, Street, City, State
and ZIP Code)

Nature of the case

Status of the
case

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☐ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation
☐ No. None of the above applies. Go to Part 12.

☒ Yes. Check all that apply above and fill in the details below for each business.

Business Name
Address
(Number, Street, City, State and ZIP Code)

Describe the nature of the business
Name of accountant or bookkeeper

Employer identification number
Do not include Social Security number or ITIN.

A and R Trucking

Trucking business

Dates business existed

EIN:

From-To 2011 - 6/2021

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
☐ Yes. Fill in the details below.

Name
Address
(Number, Street, City, State and ZIP Code)

Date Issued

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.


Rafik Bazikian
Signature of Debtor 1

Date

11/2/21


Anjel Termadovian
Signature of Debtor 2

Date

11/2/21

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No
☐ Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:			
Debtor 1	Rafik Bazikian		
	First Name	Middle Name	Last Name
Debtor 2	Anjel Termadovian		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	CENTRAL DISTRICT OF CALIFORNIA, LOS ANGELES DIVISION		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- ☒ creditors have claims secured by your property, or
- ☒ you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: Logix Federal Credit Union	<input checked="" type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt: 2017 Chevrolet Trax		
Creditor's name: Synchrony/Ashley Furniture Homestore	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt: Household Goods and furniture		

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
--------------------------------------------------	----------------------------

Debtor 1
Debtor 2 Bazikian, Rafik & Termadovian, Anjel

Case number (if known) _____

Lessor's name:
Description of leased
Property:

☐ No

☐ Yes

Lessor's name:
Description of leased
Property:

☐ No

☐ Yes

Lessor's name:
Description of leased
Property:

☐ No

☐ Yes

Lessor's name:
Description of leased
Property:

☐ No

☐ Yes

Lessor's name:
Description of leased
Property:

☐ No

☐ Yes

Lessor's name:
Description of leased
Property:

☐ No

☐ Yes

Lessor's name:
Description of leased
Property:

☐ No

☐ Yes

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X

Rafik Bazikian
Signature of Debtor 1

Date

11/2/21

X

Anjel Termadovian
Signature of Debtor 2

Date

11/2/21

Fill in this information to identify your case:

Debtor 1 Rafik Bazikian

Debtor 2 Anjel Termadovian
(Spouse, if filing)

United States Bankruptcy Court for the: Central District of California, Los Angeles Division

Case number (if known)

Check one box only as directed in this form and in Form 122A-1Supp:

☒ 1. There is no presumption of abuse

☐ 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2).

☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

Official Form 122A - 1 Chapter 7 Statement of Your Current Monthly Income

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.

☒ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

☐ Married and your spouse is NOT filing with you. You and your spouse are:

☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 0.00	\$ 0.00
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm		
	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 0.00	Copy here -> \$ 0.00
6. Net income from rental and other real property		
	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	Copy here -> \$ 0.00
7. Interest, dividends, and royalties	\$ 0.00	\$ 0.00

Debtor 1
Debtor 2

Bazikian, Rafik & Termadovian, Anjel

Case number (if known)

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
8. Unemployment compensation	\$ 0.00	\$ 0.00
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:		
For you	\$ 0.00	
For your spouse	\$ 0.00	
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.	\$ 0.00	\$ 0.00
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00
Total amounts from separate pages, if any.	+ \$ 0.00	\$ 0.00
11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ 0.00	\$ 0.00
	+ \$ 0.00	= \$ 0.00
	Total current monthly income	

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11 Copy line 11 here=>

\$ 0.00

Multiply by 12 (the number of months in a year)

12b. The result is your annual income for this part of the form

x 12
\$ 0.00

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

CA

Fill in the number of people in your household.

2

Fill in the median family income for your state and size of household.

13. \$ 83,435.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk office.

14. How do the lines compare?

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1 *There is no presumption of abuse.*
Go to Part 3. Do NOT fill out or file Official Form 122A-2.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2 *The presumption of abuse is determined by Form 122A-2.*
Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X

X

Debtor 1
Debtor 2

Bazikian, Rafik & Termadovian, Anjel

Case number (if known) _____

Rafik Bazikian
Signature of Debtor 1

Date

11/2/21
MM/DD/YYYY

Anjel Termadovian
Signature of Debtor 2

Date

11/2/21
MM/DD/YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address Roland Kedikian 220 S Kenwood St # 310 Glendale, CA 91205-1671 (818) 409-8911 193164 (818) 671-3207 roland@kedikian.com	FOR COURT USE ONLY
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA, LOS ANGELES DIVISION	
In re: Bazikian, Rafik & Termadovian, Anjel <div style="text-align: right;">Debtor(s).</div>	Case No.: CHAPTER: 7 <div style="text-align: center;"> DEBTOR'S ATTORNEY'S DISCLOSURE OF COMPENSATION ARRANGEMENT IN INDIVIDUAL CHAPTER 7 CASE [LBR 2090-1(a)(3)] </div>

1. **Compensation Arrangement.** Pursuant to 11 U.S.C. § 329(a), FRBP 2016(b), and LBR 2090-1(a)(3) and (4), I disclose that:
 - a. I am the attorney for the Debtor.
 - b. Compensation that was paid to me, within one year before the petition was filed, or was agreed to be paid to me, for services rendered or to be rendered on behalf of the Debtor in contemplation of or in connection with this bankruptcy case, is as follows:
 - i. For legal services, I have agreed to accept ☐ an hourly rate of \$ _____ or a ☒ flat fee of \$ 2,000.00
 - ii. Prior to filing this disclosure I have received \$ 2,000.00
 - iii. The balance due is \$ 0.00
2. **Source of Compensation Paid Postpetition (Postpetition Compensation).**
 - a. **Already Paid.** The source(s) of the Postpetition Compensation paid to me was:

☒ Debtor ☐ Other (specify):
 - b. **To be Paid.** The source(s) of the Postpetition Compensation to be paid to me is:

☐ Debtor ☐ Other (specify):
3. **Sharing of Compensation Paid Postpetition.**

☒ I have not agreed to share Postpetition Compensation with any other person unless they are members or regular associates of my law firm within the meaning of FRBP 9001(10).

☐ I have agreed to share Postpetition Compensation with other person or persons who are not members or regular associates of my law firm within the meaning of FRBP 9001(10). Attached as Exhibit A is a copy of the agreement and a list of the names of the people sharing in the Postpetition Compensation.
4. **Limited Scope of Services.** A limited scope of appearance is permitted under LBR 2090-1(a)(3), unless otherwise required by the presiding judge. In return for the fee disclosed above, I have agreed to provide the required legal services indicated below in

paragraph "a", and, if any are indicated, the additional services checked in paragraph "4.b".

a. **Services required to be provided:**

- i. Analysis of the Debtor's financial situation, and advice to the Debtor in determining whether to file a bankruptcy petition;
- ii. Preparation and filing of any petition, lists, schedules and statements and any other required case commencement documents; and
- iii. Representation of the Debtor at the initial § 341(a) meeting of creditors.

b. **Additional legal services I will provide:**

- i. ☒ Any proceeding related to relief from stay motions.
- ii. ☒ Any proceeding involving an objection to the Debtor's discharge pursuant to 11 U.S.C. § 727.
- iii. ☒ Any proceeding to determine whether a specific debt is nondischargeable under 11 U.S.C. § 523.
- iv. ☒ Reaffirmation of a debt.
- v. ☐ Any lien avoidance under 11 U.S.C. § 522(f)
- vi. ☐ Other (specify):

5. If in the future I agree to represent the Debtor in additional matters, I will complete and file the Attorney's Disclosure of Postpetition Compensation, LBR form F 2016-1.4.ATTY.COMP.DISCLSR.

DECLARATION OF ATTORNEY FOR THE DEBTOR

I declare under penalty of perjury that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the Debtor in this bankruptcy case

Date: 11/2/21

[Signature]
Signature of attorney for the Debtor

Roland Kedikian

Printed name of attorney

Kedikian & Kedikian

Printed name of law firm

DECLARATION OF THE DEBTOR

I/we declare under penalty of perjury that my attorney has explained to me/us the limited scope of representation as outlined above. I/we understand that I/we have paid or agreed to pay solely for the required services listed in paragraph 4a, and the additional services (if any) that are checked off in paragraph 4b above, and that I/we am representing myself/ourselves for any other proceedings unless a new agreement is reached with an attorney.

Date: 11/2/21

[Signature]
Signature of Debtor 1

Rafik Bazikian

Printed name of Debtor 1

Date: 11/2/21

[Signature]
Signature of Debtor 2 (Joint Debtor) (if applicable)

Anjel Termadovian

Printed name of Debtor 2

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address Roland Kedikian 220 S Kenwood St # 310 Glendale, CA 91205-1671 (818) 409-8911 Fax: (818) 671-3207 California State Bar Number: 193164 roland@kedikian.com		FOR COURT USE ONLY	
<input type="checkbox"/> Debtor(s) appearing without an attorney <input checked="" type="checkbox"/> Attorney for Debtor			
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA, LOS ANGELES DIVISION			
In re: Bazikian, Rafik & Termadovian, Anjel		CASE NO.: CHAPTER: 7	
		VERIFICATION OF MASTER MAILING LIST OF CREDITORS [LBR 1007-1(a)]	
Debtor(s).			

Pursuant to LBR 1007-1(a), the Debtor, or the Debtor's attorney if applicable, certifies under penalty of perjury that the master mailing list of creditors filed in this bankruptcy case, consisting of 5 sheet(s) is complete, correct, and consistent with the Debtor's schedules and I/we assume all responsibility for errors and omissions.

Date: 11/2/21

Signature of Debtor 1

Date: 11/2/21

Signature of Debtor 2 (joint debtor) (if applicable)

Date: 11/2/21

Signature of Attorney for Debtor (if applicable)

Rafik Bazikian
555 W Dryden St
Apt 6
Glendale, CA 91202-3308

Anjel Termadovian
555 W Dryden St
Apt 6
Glendale, CA 91202-3308

Kedikian & Kedikian
220 S Kenwood St # 310
Glendale, CA 91205-1671

Absolute Resolutions I
8000 Norman Center Dr
Bloomington, MN 55437-1178

Capital One
Attn: Bankruptcy
PO Box 30285
Salt Lake City, UT 84130-0285

Capital One Bank USA N
PO Box 31293
Salt Lake City, UT 84131-0293

Capital One NA
Attn: Bankruptcy
PO Box 30285
Salt Lake City, UT 84130-0285

Capital One NA
PO Box 31293
Salt Lake City, UT 84131-0293

Logix Federal Credit Union
Attn: Bankruptcy
PO Box 6759
Burbank, CA 91510-6759

Logix Federal Cu
PO Box 6759
Burbank, CA 91510-6759

Mandarisch law Group
PO Box 109032
Chicago, IL 60610-9032

Midland Credit Managem
320 E Big Beaver Rd
Troy, MI 48083-1238

QUALL CARDOT LLP
205 E River Park Cir Ste 110
Fresno, CA 93720-1572

Sevan Gorginian Esq
450 N Brand Blvd Ste 600
Glendale, CA 91203-2349

Syncb/ashley Homestore
C/o
PO Box 965036
Orlando, FL 32896-5036

Syncb/Chevron DC
PO Box 965015
Orlando, FL 32896-5015

Synchrony Bank
Attn: Bankruptcy Dept
PO Box 965060
Orlando, FL 32896-5060

Synchrony/Ashley Furniture Homestore
Attn: Bankruptcy
PO Box 965060
Orlando, FL 32896-5060

Wells Fargo
Credit
Bureau DISPUTE
Des Moines, IA 50301

Wells Fargo Bank NA
1 Home Campus MAC X2303-01A Fl 3
Des Moines, IA 50301

Wells Fargo-Pl&L
MAX F8234F-02F
PO Box 10438
Des Moines, IA 50306-0438

Wellsfargo
PO Box 94435
Albuquerque, NM 87199-4435

Exhibit B

Subject: 2:21-bk-18422-BB Rafik Bazikian and Anjel Termadovian

From: Roland Kedikian <roland@kedikian.com>

Date: 2/22/2022, 8:49 AM

To: emwtrustee@lnbyg.com

Dear Trustee Wolkowitz

The above case was filed on 11/3/2021 and the creditor meeting was conducted on 12/1/2021. No asset report was filed on 12/2/2021. Debtor had listed a 2009 Workers Compensation claim in schedule A/B with value unknown and had claimed and exemption of 100% statutory value in schedule C.

Based on a medical report dated 1/17/2022 debtor has been able to obtain a settlement in the amount of \$54,000 and after attorney fees will retain \$45,900.00. We believe the full amount remains exempt. Attached is the report and settlement document. Please advise if the ch7 estate will claim any interest in this asset as the case remains open.

Best regards

Roland Kedikian

— Attachments: —

Rbazikian - Dr. Silbart - Supp 1-17-22.pdf	297 KB
Rafik Bazikian Workers comp.pdf	2.5 MB

RECEIVED JAN 24 2022

STEVEN B. SILBART, M.D.

A MEDICAL CORPORATION

DIPLOMATE OF THE AMERICAN BOARD OF ORTHOPAEDIC SURGERY
FELLOW OF THE AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS
FELLOW OF THE AMERICAN COLLEGE OF SURGEONS

WESTWOOD MEDICAL PLAZA
10921 WILSHIRE BOULEVARD
SUITE 604
LOS ANGELES, CALIFORNIA 90024
TELEPHONE (310) 443-2260
TELECOPIER (310) 443-2268

January 17, 2022

TENNENHOUSE, MINASSIAN & ADHAM
1101 N. Pacific Avenue, Suite 300
Glendale, CA 91202

Attention: Martin Tennenhouse

UNINSURED EMPLOYERS' BENEFITS TRUST FUND
1515 Clay Street - 17th Floor
Oakland, CA 94612

Attention: Susan Llarena

RE: BAZIKIAN, Rafik
DOB: 7/1/1961
SS#: XXX-XX-4141
EMP: Masis Khodadadi, Zareh Khodadadi
dba New Image Cabinetry
D/I: 2/5/09
CLAIM#: UEF6822028
WCAB/EAMS#: ADJ 6822028

REQUESTED AME SUPPLEMENTAL MEDICAL-LEGAL EVALUATION

This report is submitted at the request of one of the parties cc'd to the other party to address the requested issues. The patient's entire medical file was reviewed in preparation of this report.

Mr. Bazikian's range of motion measurements for each right hand digit, is digital, hand, upper extremity, and Whole Person Impairment calculations are outlined as follows:

STEVEN B. SILBART, M.D.

Page 2
January 17, 2022
RE: BAZIKIAN, Rafik

Right Index: MP Flexion 100 0
MP Extension 0 0
PIP Flexion 40 36
PIP Extension 0 0
DIP Flexion 35 18
DIP Extension -20 4

Right Long: MP Flexion 100 0
MP Extension 0 0
PIP Flexion 40 36
PIP Extension 0 0
DIP Flexion 35 18
DIP Extension -20 4

Right Ring: MP Flexion 100 0
MP Extension 0 0
PIP Flexion 40 36
PIP Extension 0 0
DIP Flexion 35 18
DIP Extension 0 4

Right Small: MP Flexion 100 0
MP Extension 0 0
PIP Flexion 40 36
PIP Extension -30 11
DIP Flexion 35 18
DIP Extension 0 0

	Digit	Hand (Table 16-1)	Upper extremity (Table 16-2)	W.P.I. (Table 16-3)
Index:	58	12	11	7
Long:	58	12	11	7
Ring:	58	6	5	3
Small:	65	7	6	4

Mr. Bazikian's valid span of Total Temporary Disability is from the date of injury (February 5, 2009) through the date he began his subsequent employment approximately one year later: the patient could not state the exact starting date of that subsequent employment.

If I may be of any further assistance to the parties, please feel free to contact the undersigned.

ML-203 Supplemental Medical-Legal Evaluation:

STEVEN B. SILBART, M.D.

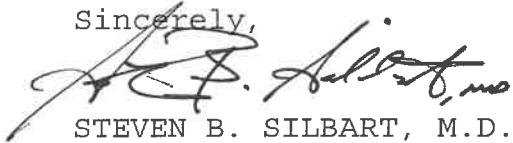
Page 3
January 17, 2022
RE: BAZIKIAN, Rafik

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information I have indicated I have received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true.

According to the Labor Code Section 5703, I declare, under penalty of perjury, that I have not referred the patient to a clinical laboratory, diagnostic procedure, physician or home infusion therapy, rehabilitation, psychodiagnostic testing, or radiation oncology for either treatment or medical purposes in which I or any member of my immediate family has a financial interest with the personnel and/or entity receiving this referral. The evaluation was performed and the time spent performing such evaluation was in compliance with the guidelines established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of Section 139.2.

I further declare under penalty of perjury that I have not violated Labor Code Section 139.3 of the California Labor Code, in that I have not offered, delivered, received, or accepted any rebate, refund, commission, preference, patronage dividend, discount or other consideration, whether in the form of money or otherwise, as compensation or inducement for any referred examination or evaluation. This foregoing declaration is signed in the County of Los Angeles on this date 1/17/22.

Sincerely,



STEVEN B. SILBART, M.D.

Diplomate of the American Board of Orthopedic Surgery
Fellow of the American Academy of Orthopedic Surgeons
Fellow of the American College of Surgeons
Qualified Medical Examiner, State of California

SBS:smz

Enc

cc: DEPARTMENT OF INDUSTRIAL RELATIONS
Office of the Director - Legal Unit
320 W. 4th Street, Room 600
Los Angeles, CA 90013

Attention: Sara Ahn

OAKLAND CA 94612

2 RECEIVED JAN 24 2022

Page 1

XX X
PTCA 1 1

PICA 

[illegible]

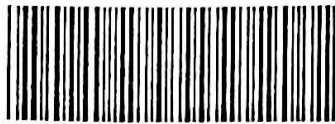
INVOICE # 5**STEVEN B. SILBART, M.D.**
10921 WILSHIRE BLVD. #604

Los Angeles, CA 90024

Tel: 310-443-2260**Fax:** 310-443-2268-**Date:** 01/18/22**BILL TO**UNINSURED EMPLOYER'S FUND
1515 CLAY ST. 17TH FLOOR
Oakland, CA 94612**SERVICE TO:****ACCNT#:**000035860BAZIKIAN, RAFIK
1417 5TH ST #9
Glendale, CA 91201**Tel:** - - -**Fax:** - - -**SSN:** 626-65-4141**Tel:** 818-219-2277

Charge	Date	Item	Description	Units	Total Price
5	01/17/22	ML203	SUPPLEMENTAL MEDICAL- LEG	1.0	877.50
		Diagnosis: S63.501A S63.91XA			
Total Invoice: \$					877.50

Service by: STEVEN B SILBART MD**Tax ID:** 954163673



STATE OF CALIFORNIA
DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD
COMPROMISE AND RELEASE

ADJ6822028

Case Number 1

Case Number 4

Case Number 2

Case Number 5

Case Number 3

626 65 4141

SSN (Numbers Only)

Venue Choice is based upon: (Completion of this section is required)

- ☐ County of residence of employee (Labor Code section 5501.5(a)(1) or (d).)
- ☒ County where injury occurred (Labor Code section 5501.5(a)(2) or (d).)
- ☐ County of principal place of business of employee's attorney (Labor Code section 5501.5(a)(3) or (d).)

VNO

Select 3 Letter Office Code For Place/Venue of Hearing (From Document Cover Sheet)

Employee (Completion of this section is required)RAFIK

First Name

MIBAZIKIAN

Last Name

555 W. Dryden Apt # 6

Address/PO Box (Please leave blank spaces between numbers, names or words)

Glendale CA

City

CA

State

91202

Zip Code

Employer Information (Completion of this section is required)

- ☐ Insured ☐ Self-Insured ☐ Legally Uninsured ☒ Uninsured

MASSIS KHODADADIAN, INDIVIDUALLY DBA NEW IMAGE; AND ZAREH
KHODADADIAN, INDIVIDUALLY DBA NEW IMAGE

Employer Name (Please leave blank spaces between numbers, names or words)

460 MYRTLE AVENUE, APT. 119

Employer Street Address/PO Box (Please leave blank spaces between numbers, names or words)

GLENDALECA91203

City

State

Zip Code

Applicant's Attorney or Authorized Representative:

☒ Law Firm/Attorney ☐ Non Attorney Representative

MARTIN

First Name

TENNENHOUSE

Last Name

5296302

Law Firm Number

TENNENHOUSE, MISASSIAN & ADHAM

Law Firm Name

1101 N. PACIFIC AVENUE, SUITE 300

Address/PO Box (Please leave blank spaces between numbers, names or words)

GLENDAL

City

CA

State

91202

Zip Code

Defendant's Attorney or Authorized Representative:

☐ Law Firm/Attorney ☐ Non Attorney Representative

+

First Name

Last Name

Law Firm Number

Law Firm Name

Address/PO Box (Please leave blank spaces between numbers, names or words)

City

State

Zip Code

Insurance Carrier Information (if known and if applicable - include even if carrier is adjusted by claims administrator)

Insurance Carrier Name (Please leave blank spaces between numbers, names or words)

Insurance Carrier Street Address/PO Box (Please leave blank spaces between numbers, names or words)

City

State

Zip Code

Claims Administrator Information (if known and if applicable)

UNINSURED EMPLOYERS BENEFITS TRUST FUND

Name (Please leave blank spaces between numbers, names or words)

P.O. BOX 429397

Street Address/PO Box (Please leave blank spaces between numbers, names or words)

SAN FRANCISCO

City

CA

State

94142

Zip Code

IT IS CLAIMED THAT:

1. The injured employee, born 07/01/1961, alleges that while employed as a(n)
(DATE OF BIRTH: MM/DD/YYYY)



CABINET MAKER

(OCCUPATION AT THE TIME OF INJURY)

, sustained injury

arising out of and in the course of employment at the locations and during the dates listed below:

(State with specificity the date(s) of injury(ies) and what part(s) of body, conditions or systems are being settled.)

☒ Specific Injury

UEF6822028

Case Number 1

2-5-2009

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

☐ Cumulative Injury

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: RIGHT UPPER
EXTREMITIES Body Part 2: RIGHT HAND Body Part 3: RIGHT FINGERS

Body Part 4: PSYCHE Other Body Parts: MULTIPLE; SLEEP DISORDER; INTERNAL;
NEURO; AND SPINE

The injury occurred at 11000 RANDALL STREET, SUITE D

(Street Address/PO Box - Please leave blank spaces between numbers, names or words)

SUN VALLEY

City

CA

State

91352

Zip Code

Body parts, conditions and systems may not be incorporated by reference to medical reports.

☐ Specific Injury

Case Number 2

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: ??? Body Part 2: Body Part 3:

Body Part 4: Other Body Parts:

The injury occurred at

(Street Address/PO Box - Please leave blank spaces between numbers, names or words)

City

State

Zip Code

Body parts, conditions and systems may not be incorporated by reference to medical reports.

☐ Specific Injury

Case Number 3

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: Body Part 2: Body Part 3:

Body Part 2: Other Body Parts:

The injury occurred at

(Street Address/PO Box - Please leave blank spaces between numbers, names or words)

City

State

Zip Code

Body parts, conditions and systems may not be incorporated by reference to medical reports.

☐ Specific Injury

Case Number 4

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: Body Part 2: Body Part 3:

Body Part 4: Other Body Parts:

The injury occurred at

(Street Address/PO Box - Please leave blank spaces between numbers, names or words)

City

State

Zip Code

Body parts, conditions and systems may not be incorporated by reference to medical reports.

☐ Specific Injury

Case Number 5

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____ Body Part 2: _____ Body Part 3: _____

Body Part 4: _____ Other Body Parts: _____

The injury occurred at _____
(Street Address/P.O. Box - Please leave blank spaces between numbers, names or words)

City

State

Zip Code

Body parts, conditions and systems may not be incorporated by reference to medical reports.

2. Upon approval of this compromise agreement by the Workers' Compensation Appeals Board or a workers' compensation administrative law judge and payment in accordance with the provisions hereof, the employee releases and forever discharges the above-named employer(s) and insurance carrier(s) from all claims and causes of action, whether now known or ascertained or which may hereafter arise or develop as a result of the above-referenced injury(ies), including any and all liability of the employer(s) and the insurance carrier(s) and each of them to the dependents, heirs, executors, representatives, administrators or assigns of the employee. Execution of this form has no effect on claims that are not within the scope of the workers' compensation law or claims that are not subject to the exclusivity provisions of the workers' compensation law, unless otherwise expressly stated.

3. This agreement is limited to settlement of the body parts, conditions, or systems and for the dates of injury set forth in Paragraph No. 1 and further explained in Paragraph No. 9 despite any language to the contrary elsewhere in this document or any addendum.

4. Unless otherwise expressly stated, approval of this agreement RELEASES ANY AND ALL CLAIMS OF APPLICANT'S DEPENDENTS TO DEATH BENEFITS RELATING TO THE INJURY OR INJURIES COVERED BY THIS COMPROMISE AGREEMENT. The parties have considered the release of these benefits in arriving at the sum in Paragraph 7. Any addendum duplicating this language pursuant to Sumner v WCAB (1983) 48 CCC 369 is unnecessary and shall not be attached.

5. Unless otherwise expressly ordered by the Workers' Compensation Appeals Board or a workers' compensation administrative law judge, approval of this agreement does not release any claim applicant may have for vocational rehabilitation benefits or supplemental job displacement benefits.

6. The parties represent that the following facts are true: (If facts are disputed, state what each party contends under Paragraph No. 9.)

EARNINGS AT TIME OF INJURY \$ _____

TEMPORARY DISABILITY INDEMNITY PAID 0.00 _____ Weekly Rate \$ _____

Period(s) Paid _____
(Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)

PERMANENT DISABILITY INDEMNITY PAID 0.00 _____ Weekly Rate \$ _____

Period(s) Paid _____ End date _____
(Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)

TOTAL MEDICAL BILLS PAID \$ _____ Total Unpaid Medical Expense to be Paid By: PER PARA 8

Unless otherwise specified herein, the employer will pay no medical expenses incurred after approval of this agreement.

7. The parties agree to settle the above claim(s) on account of the injury(ies) by the payment of the SUM OF

\$ 54,000.00

Settlement Amount

The following amounts are to be deducted from the settlement amount:

\$ 0.00 for permanent disability advances through _____

\$ 0.00 for temporary disability indemnity overpayment, if any.

\$ 0.00 payable to _____

\$ 0.00 payable to _____

\$ 0.00 payable to _____

\$ 0.00 payable to _____

\$ 8,100.00 requested as applicant's attorney's fee.

LEAVING A BALANCE OF \$ 45,900.00, after deducting the amounts set forth above and less further permanent disability advances made after the date set forth above. Interest under Labor Code section 5800 is included if the sums set forth herein are paid within 30 days after the date of approval of this agreement.

8. Liens not mentioned in Paragraph No. 7 are to be disposed of as follows (Attach an addendum if necessary):

DEFENDANT TO PAY, ADJUST, OR LITIGATE ANY TIMELY FILED LIENS AS FOLLOWS FOR WHICH FILING/ACTIVATION FEE HAS BEEN PAID:

A NATURAL HEALING CENTER TOLUCA LAKE
DELTA INTERPRETING SERVICES PASADENA

9. The parties wish to settle these matters to avoid the costs, hazards and delays of further litigation, and agree that a serious dispute exists as to the following issues (initial only those that apply). ONLY ISSUES INITIALED BY APPLICANT OR HIS/HER REPRESENTATIVE AND DEFENDANTS, REPRESENTATIVES ARE INCLUDED WITHIN THIS SETTLEMENT.

Applicant Defendant

<u>RB</u>	_____	earnings
<u>RB</u>	_____	temporary disability
<u>RB</u>	_____	jurisdiction
<u>RB</u>	_____	apportionment
<u>RB</u>	_____	employment
<u>RB</u>	_____	injury AOE/COE
<u>RB</u>	_____	serious and willful misconduct
<u>RB</u>	_____	discrimination (Labor Code §132a)
<u>RB</u>	_____	statute of limitations
<u>RB</u>	_____	future medical treatment
<u>RB</u>	_____	RETRO TTD BENEFITS, MILEAGE/PARKING, OUT-OF-POCKET other <u>EXPENSES, SJDB BENEFITS</u>
<u>RB</u>	_____	permanent disability _____
<u>RB</u>	_____	self-procured medical treatment, except as provided in Paragraph 7
_____	_____	vocational rehabilitation benefits/supplemental job displacement benefits

COMMENTS:

PAYMENT FROM THE UNINSURED EMPLOYERS BENEFITS TRUST FUND (UEBTF) IS CONTINGENT UPON THE AVAILABILITY OF FUNDS TO PAY THIS CLAIM AND THE AUTHORITY TO MAKE PAYMENTS. UEBTF SHALL BE ENTITLED TO REIMBURSEMENT FROM ALL DEFENDANTS FOR ALL COSTS, WHETHER PAID OR TO BE PAID, INCLUDING BUT NOT LIMITED TO COSTS, BENEFITS, AND LIENS FROM THE DATE OF THE ORDER APPROVING THE COMPROMISE AND RELEASE.

THIS SETTLEMENT IS BASED ON AME DR. STEVEN SILBART'S REPORTS DATED 1-17-2022 AND 1-5-2021.

Any accrued claims for Labor Code section 5814 penalties are included in this settlement unless expressly excluded.

10. It is agreed by all parties hereto that the filing of this document is the filing of an application, and that the workers' compensation administrative law judge may in its discretion set the matter for hearing as a regular application, reserving to the parties the right to put in issue any of the facts admitted herein and that if hearing is held with this document used as an application, the defendants shall have available to them all defenses that were available as of the date of filing of this document, and that the workers' compensation administrative law judge may thereafter either approve this Compromise and Release or disapprove it and issue Findings and Award after hearing has been held and the matter regularly submitted for decision.

11. WARNING TO EMPLOYEE: SETTLEMENT OF YOUR WORKERS' COMPENSATION CLAIM BY COMPROMISE AND RELEASE MAY AFFECT OTHER BENEFITS YOU ARE RECEIVING TO WHICH YOU BECOME ENTITLED TO RECEIVE IN THE FUTURE FROM SOURCES OTHER THAN WORKERS' COMPENSATION, INCLUDING BUT NOT LIMITED TO SOCIAL SECURITY, MEDICARE AND LONG-TERM DISABILITY BENEFITS.

THE APPLICANT'S (EMPLOYEE'S) SIGNATURE MUST BE ATTESTED TO BY TWO DISINTERESTED PERSONS OR ACKNOWLEDGED BEFORE A NOTARY PUBLIC

By signing this agreement, applicant (employee) acknowledges that he/she has read and understands this agreement and has had any questions he/she may have had about this agreement answered to his/her satisfaction.

Witness the signature hereof this _____ day of _____, _____ at _____

Witness 1

(Date)

Applicant (Employee)

(Date)

Witness 2

(Date)

Attorney for Applicant

(Date)

Interpreter

(Date)

Attorney for Defendant

(Date)

Attorney for Defendant

(Date)

Attorney for Defendant

(Date)

Attorney for Defendant

(Date)